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Full Name of Party Submitting This Document

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Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

State of Idaho, Department of Health and  
Welfare, Division of Child Support Enforcement,  
Plaintiff,  
vs.  
\_\_\_\_\_, and  
\_\_\_\_\_,  
Co-Defendants.

Case No.: \_\_\_\_\_

**ORDER ALLOWING  
INTERVENTION**

This matter came before the Court on the [ ] mother [ ] father's Motion to Intervene. It is ORDERED [ ] Mother [ ] Father named \_\_\_\_\_ may intervene in this case and file documents reflecting herself/himself as a Co-Defendant. The case caption shall name both parents as Co-Defendants.

Date: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Magistrate

CLERK'S CERTIFICATE OF SERVICE:

I certify I served a copy:

To: State of Idaho, Department of Health  
And Welfare, Division of Child Support  
Enforcement

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Date: \_\_\_\_\_

CLERK OF THE COURT

By \_\_\_\_\_  
Deputy Clerk